

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

#2 acceptable

PRINTED: 05/05/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2011
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NAME OF PROVIDER OR SUPPLIER

SUMMIT VIEW OF FARRAGUT, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

12823 KINGSTON PIKE
KNOXVILLE, TN 37923

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation documentation, review of facility policy, observation, and interview, the facility failed to thoroughly investigate an injury of unknown origin for one resident (#4) of five sampled residents.</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on August 31, 2007, with diagnoses including Urinary Tract Infection and Adult Failure to Thrive. Medical record review of the Minimum Data Set dated December 3, 2010, revealed the resident was severely impaired with decision-making skills and totally dependent on staff for activities of daily living.</p> <p>Medical record review of an Unusual Occurrences Nurses Progress Note dated April 12, 2011, at 3:00 p.m., revealed, "Hematoma/Bruise noted L (left) forehead by staff 2.0 x 1.2 cm (centimeters). Staff interviewed CNAs did not notice during am (a.m.-morning) care but unaware of how happened..."</p> <p>Review of facility investigation documentation dated April 12, 2011, revealed no documentation</p>	F 226	<p>Siderails removed from resident bed, (4/26/11) resident continues to be monitored Q2 and has had no further bruising of unknown origin.</p> <p>All residents have the potential to Be affected.</p> <p>Abuse policy followed as written. Director of Nursing will investigate All unknown injuries with written Documentation including written Statements from all parties involved And findings in a concise and Thorough format. These will be included and attached to incident report.</p> <p>Administrator/DON will ensure all Documentation is present when Signing incident reports to ensure Their accuracy and completeness.</p>	<p>4/26/11</p> <p>5/6/11 POC DATE Per adm R. Lawrence/VF</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>regarding staff on duty at the time the injury was identified and/or witness statements, and included, "...conclusion believe area caused by siderails during care by staff..."</p> <p>Review of the facility's policy "Guidelines for Abuse Investigations" dated August, 2007, revealed, "...All reports of residents abuse...and injuries of unknown source shall be...thoroughly investigated...individual conducting the investigation will, as a minimum: ...Interview the person(s) reporting the incident...Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident...Witness reports will be obtained in writing. With a signature and date..."</p> <p>Observation on April 26, 2011, at 12:00 p.m., revealed the resident asleep in a gerchair and splints to the upper and lower extremities. Continued observation revealed a light purple hematoma (localized swelling containing a collection of blood) above the left eyebrow encircled by yellow-greenish discoloration and approximately the size of a quarter.</p> <p>Interview with licensed practical nurse (LPN) #1 on April 26, 2011, at 12:02 p.m., at a nurse's station, revealed resident #4 was unable to raise (#4's) arms or move independently "at all", and depended on staff for all activities of daily living.</p> <p>Interview with LPN #2 on April 26, 2011, at 12:16 p.m., at a nurse's station, revealed LPN #2 was on duty on April 12, 2011, when the resident's injury was identified. Continued interview revealed the resident was unable to turn in bed, and the LPN was not able to identify how the resident's</p>	F 226		

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445288

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY
COMPLETED

C

04/26/2011

NAME OF PROVIDER OR SUPPLIER

SUMMIT VIEW OF FARRAGUT, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

12823 KINGSTON PIKE

KNOXVILLE, TN 37923

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PREFIX
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 226

Continued From page 2
Injury occurred.

Interview with the administrator on April 26, 2011,
at 1:00 p.m., in a conference room, revealed no
further investigation documentation was
available, and confirmed the facility had not
implemented the abuse policy for resident #4.

F 226